

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12774

State File No.

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 590		Registrar's No. 753	
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN GLENDALE		c. LENGTH OF STAY (in this place) 15 YRS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN GLENDALE 4651			
d. FULL NAME OF HOSPITAL OR INSTITUTION 734 BROWNELL AVE				d. STREET ADDRESS (If rural, give location) 734 BROWNELL AVE			
3. NAME OF DECEASED (Type or Print) a. (First) MARSHALL		b. (Middle) L.		c. (Last) SPAHR		4. DATE OF DEATH (Month) (Day) (Year) MAR 7 1953	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH SEPT. 3, 1889	
9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRAFFIC MGR.		10b. KIND OF BUSINESS OR INDUSTRY LUDLOW-SAYLOR WIFE		11. BIRTHPLACE (State or foreign country) ST. LOUIS MO.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME WALTER SPAHR		13b. MOTHER'S MAIDEN NAME ELIZABETH WHITE		14. NAME OF HUSBAND OR WIFE BESSIE E. SPAHR	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 494-10-8740		17. INFORMANT'S SIGNATURE OR NAME Mrs. Bessie E. Spahr		ADDRESS 734 Brownell Ave	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia.				INTERVAL BETWEEN ONSET AND DEATH 2 yrs 5 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) 331X (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1/7, 1950, to 3/7, 1953, that I last saw the deceased alive on 3/5, 1953, and that death occurred at 4:40 P.M., from the causes and on the date stated above.							
23a. SIGNATURE Mervin W. Parker M.D.		(Degree or title)		23b. ADDRESS 4660 Maryland		23c. DATE SIGNED 3/8/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE 3-10-1953		24c. NAME OF CEMETERY OR CREMATORY VALHALLA CREMATORY		24d. LOCATION (City, town, or county) ST. LOUIS MO.	
DATE REC'D BY LOCAL REG. 3-8-53		REGISTRAR'S SIGNATURE Herbert R. Dornbe MD		25. FUNERAL DIRECTOR'S SIGNATURE Mitchell Funeral Home		ADDRESS 734 Brownell Ave	

S. 20 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Fred J. Tanner

Licensed Embalmer No. *4788*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.